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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	Removal of asbestos containing materials utilizing WET Methods and HEPA Vacuums		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	Work area(s) will be sealed off from adjacent areas with 6-mil poly, sheeting, negative air filtration and decontamination systems will be established		
XII.	Waste Transporter #1	Name: Pro-Tech, LLC Address: 85 Willow Street, Building 3, 3rd Floor City: New Haven State: CT Zip Code: 06511 Contact: Billy Torrello Telephone: (203) 624-9463		
	Waste Transporter #2	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal	Name: Minerva Landfill Address: 9000 Minerva Road City: Waynesburg State: OH Zip Code: 44668 Contact: _____ Telephone: (330) 866-3435		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)	1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)	1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.	Building owner will be notified and material will be HEPA cleaned and wet wiped and placed in double, labeled 6-mil bags for disposal		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <i>Marko Stankovic</i> _____ Signature of Owner/Operator </div> <div style="text-align: center;"> 04/04/16 _____ Date </div> <div style="text-align: center;"> Marko Stankovic _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <i>Marko Stankovic</i> _____ Signature of Owner/Operator </div> <div style="text-align: center;"> 04/04/16 _____ Date </div> <div style="text-align: center;"> Marko Stankovic _____ Type or Print Name and Title </div> </div>		